

Boiler Experience Verification Form

*****This form must be completed and signed by the licensed operator
the applicant trained under*****

Name of Applicant: _____
(First Name) (Last Name)

Applicant Dates of Employment: _____ / _____
(Start Date) (End Date)

Employer/Business Name: _____

Employer/Business Address: _____

*****In the table below, list all types of boilers the applicant has
experience working on while under your supervision*****

	Boiler Type (check one)	Safety Valve Setting (PSI)	Dates Operated From	Dates Operated To	Total Hours Operating Boiler
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	Steam	Hot Water			
	Steam	Hot Water			
	Steam	Hot Water			
	Steam	Hot Water			

Name of Licensed Boiler Operator: _____
(First Name) (Last Name)

Address: _____ Phone Number: _____

License Number: _____ Expiration Date: _____

AFFIDAVIT

I hereby declare under penalty of perjury that I have trained the above-named applicant and the applicant has obtained the necessary experience in the operation of a boiler as indicated above. In signing this affidavit, I am aware that a false statement or evasive answer to any question may lead to subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instruction to applicants for licensing.

Signature of Licensed Operator

Printed Name of Licensed Operator

Date